



First Presbyterian Church of
EDGEWOOD
The Community Church

MEDICAL INFORMATION FORM – CAMP SOS 2017
FIRST PRESBYTERIAN CHURCH OF EDGEWOOD

Camper Name _____ Date _____

Sex _____ Age _____ Date of Birth _____ Grade for 2017-18 _____

Home Address: _____

Street

City, State, Zip Code

Area Code/Phone Number

Parent/Guardian Full Name _____

Work Phone _____ Cell phone _____

Is the camper currently under medical treatment? YES NO

If yes, give the nature of the treatment and the doctor's name and phone number:

Is the camper currently taking any medication? YES NO

If yes, will the camper require medications during the camp? YES NO

List any special health needs of which the Camp SOS staff or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.)

Is the camper allergic? YES NO If yes, please list allergies:

If yes, have any of these allergies caused an anaphylactic reaction? YES NO

If yes, does the camper carry an epi-pen? YES NO

Date of last tetanus shot: _____

Name of health insurance: _____

Address

Phone

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group # _____

OVER

FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the Camp SOS staff cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name _____ Relationship to Child _____

Address _____ Cell Phone _____

Name _____ Relationship to Child _____

Address _____ Cell Phone _____

If EMERGENCY TREATMENT is required, Camp SOS staff or designee use their own judgment in sending your child to a hospital or doctor most easily accessible before the parent/guardian can be reached.

Name preferred hospital _____

Name of preferred doctor _____

If your child needs to be given medication during the time the camp takes place, a separate Medication Administration Record form for each medication to be administered must be completed.

It is understood that in the final disposition of an emergency case, the judgment of the Camp SOS staff and volunteers will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify the Camp SOS staff in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless Camp SOS, the First Presbyterian Church of Edgewood, and any registered nurse or medical professional contacted by the staff, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at the Camp SOS events and activities.

Signature of parent or guardian (required)

Date

This medical form will be on file with the Camp SOS staff.

Should any information change throughout the week of the Camp SOS event, please contact the church as soon as possible to provide the updated details to the staff.

